

APPLICANT: READ THE ENTIRE INSTRUCTION PAGE BEFORE FILLING OUT THIS APPLICATION.

Print clearly or type. Do not write in shaded areas. Staple all loose pages before submitting application.

State of Louisiana

Pre-employment Application

Standard Form 10 (SF 10)

www.dscs.state.la.us

Voluntary Applicant Information

The STATE OF LOUISIANA is asking all applicants to provide this information in order to comply with federal Equal Employment Opportunity Reporting Requirements. The information is strictly **VOLUNTARY** and in no way influences employment prospects.

Job Title(s) for which you applied:

Ethnic Origin:

☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Race: (Please check all that apply)

☐ White ☐ Asian
☐ American Indian / Alaskan Native ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Gender:

☐ Male ☐ Female

Age:

Are you forty years of age or older? ☐ Yes ☐ No

How did you find out about this job?

☐ CS Website ☐ Paper announcement at State Agency ☐ Newspaper ad ☐ Flier ☐ Career Fair

☐ Word of mouth ☐ Other _____ ☐ State Agency Web Site

Instructions

THE APPLICANT IS RESPONSIBLE FOR KEEPING A COPY PRIOR TO SUBMISSION TO THIS AGENCY

- DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.
- TYPE OR PRINT CLEARLY.
- If you need more space for an answer, you may attach extra sheets. Use 8 ½ x 11" paper, and make sure your name and Social Security number are on each extra sheet.
- YOUR SOCIAL SECURITY NUMBER AND ZIP CODE ARE ESSENTIAL PIECES OF INFORMATION. APPLICATIONS WITHOUT THIS INFORMATION CANNOT BE PROCESSED.
- If offered employment you shall be required to submit satisfactory proof of your identity and/or legal authorization to work in the United States. Failure to submit proof could prohibit your hiring under Federal law.
- The Department of Civil Service accepts photocopies of applications. If you submit a copy, be sure that you have correctly filled in the register title(s) and signed and dated the copy with the current date.
- An applicant requiring special testing accommodations due to a disability must submit (1) a letter from a physician or vocational rehabilitation counselor to the Staffing Division administrator specifying the disability/health condition of the candidate, (2) a description of accommodations requested, (3) a completed application (SF10). After review, a letter will be sent which must be attached to the application when testing.
- VETERAN'S PREFERENCE IN HIRING – (Item 17)**
To claim veteran's preference on this application, please check "Yes" on Item 13, page 1. Five-point veteran's preference is granted to veterans who receive passing scores and were discharged honorably or under honorable conditions from the U.S. Armed Forces after serving during the following wartime periods.
--September 16, 1940 through July 25, 1947;
--June 27, 1950 through January 31, 1955;
--July 1, 1958 through May 7, 1975.
OR
-- Served in a peace-time campaign or expedition for which campaign badges or medals were awarded.

To claim 5-point preference, attach a copy of the DD-214 or other official records to your application. If you do not attach the required proof of service, points will not be added to your score. Exception: If you have received veteran's preference points on Civil Service scores within the past year, you need not submit proof with this application.

Disabled veterans, spouses of disabled veterans, unmarried widows of deceased veterans, unmarried widowed parents or divorced or separated parents of deceased or totally and permanently disabled veterans should complete and attach form SF-11 and supporting documentation or possible 10-point preference.

Continued on next page →

NOTE: SUBMIT THIS PAGE WITH YOUR APPLICATION

- 9 INSTRUCTIONS FOR WORK EXPERIENCE (Item 22) – This section is used to determine whether you qualify for the job(s) for which you have applied. Your education and experience must clearly show that you meet the minimum qualifications established for the job(s). Call the Department of Civil Service if you need information on minimum qualifications.

For some jobs, this section is rated to determine part or all of your grade. Incomplete descriptions or missing information may result in lower ratings. **DO NOT LEAVE OUT ANY WORK EXPERIENCE.** It is especially important that you fill out the beginning and ending dates and the average number of hours per week worked for each job listed.

- Start with your FIRST job in Block 22A and work forward, ending with your MOST RECENT or PRESENT position.
- Give brief but complete descriptions of your MAJOR work duties for each job listed. Estimate the percentage of time spent performing each duty, not to exceed a total of 100%

- Attach AF10A Supplemental sheet or a sheet of 8 1/2x 11” paper to add additional jobs or information. Use the same format as the work experience blocks on the application.
- If volunteer work is listed, fill out all blanks except “Salary”.
- Do not attach resumes, performance appraisals, or service ratings to your application. Present these only if requested.
- State employees: Give dates and official classified title (not working title) for each job you have held, especially for the progressive levels in the same series. We cannot accept preprinted job specifications in place of a description of your job duties.

9. If you are applying for a job that requires a written test do not mail your application. Instead bring the completed application with you to one of our testing centers. Visit our website a www.dscs.state.la.us for testing center locations and schedules.

DID YOU REMEMBER TO: (1) Sign and date application? (2) Include your Social Security Number & Zip Code? (3) Make copy for your records?

1

NAME _____

List the dates (month and year) and branch for all ACTIVE DUTY military service. Was this service performed on an active, full-time basis with full pay and allowances? (Check YES or NO for each period of service.)

| FROM | TO | BRANCH OF SERVICE | YES | NO |
|------|----|-------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

List all GRADES held and dates of each grade. Begin with highest grade. IMPORTANT: Use E-, or O-, or WO-grade.

| FROM | TO | GRADE HELD | FROM | TO | GRADE HELD |
|------|----|------------|------|----|------------|
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18. TRAINING AND EDUCATION
☐ YES Date received _____

Have you received a high school diploma or equivalency certificate?

☐ NO Highest grade completed _____

| A. LIST BUSINESS OR TECHNICAL COLLEGES ATTENDED | NAME/LOCATION OF SCHOOL | Dates Attended (Month & Year) | | Did You Graduate? | | TITLE OF PROGRAM | SEM HRS | CLOCK HOURS PER WEEK |
|---|-------------------------|----------------------------------|----|--------------------------|--------------------------|------------------|------------|-------------------------------|
| | | FROM | TO | YES | NO | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

List any accounting
Practice sets completed _____

| B. LIST COLLEGES OR UNIVERSITIES ATTENDED (Include graduate or professional school) | NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE | Dates Attended (Month & Year) | | Total Credit Hours Earned | | Type of Degree Earned (BA, MA, etc) | Major Field of Study | Date Degree Received (Month & Year) |
|--|--|----------------------------------|----|------------------------------|--------|---|-------------------------|---|
| | | FROM | TO | Sem | OR Qtr | | | |
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| C. MAJOR SUBJECTS | CHIEF UNDERGRADUATE SUBJECTS (Show Major on Line 1.) | Total Credit Hours Earned | | CHIEF GRADUATE SUBJECTS (Show Major on Line 1.) | Total Credit Hours Earned | |
|----------------------|---|------------------------------|------------|--|------------------------------|------------|
| | | Semester | OR Quarter | | Semester | OR Quarter |
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| 19. LICENSES AND CERTIFICATION | | | | | 20. TYPING SPEED |
|---|---|---|--------------------|---|------------------|
| List any job-related licenses or certificates that you have (CPA, Registered Nurse, P.E., etc.) | | | | | WPM |
| | TYPE OF PROFESSIONAL LICENSE OR CERTIFICATE (Specify Which One) | DATE ORIGINALLY LICENSED/OR CERTIFIED | EXPIRATION DATE | NAME AND ADDRESS OF LICENSING OR CERTIFYING AGENCY | |
| 1 | | | | | |
| 2 | | | | | |

21. Explain a "YES" answer to Items 11 and/or 12 here. A "YES" ANSWER WILL NOT NECESSARILY BAR YOU FROM STATE EMPLOYMENT. WE WILL CONSIDER THE DATE, FACTS AND CIRCUMSTANCES OF EACH INDIVIDUAL CASE. For item 11, give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place and disposition of case.

**IF YOU DO NOT ANSWER ALL QUESTIONS COMPLETELY, YOUR APPLICATION
MAY BE REJECTED OR DELAYED SEVERAL WEEKS, AND YOU WILL MISS JOB
OPPORTUNITIES.**

NAME _____

22. WORK EXPERIENCE – IMPORTANT: Read Item 9 of Instruction Page carefully before completing these items. List all jobs and activities including military service, part-time employment, self-employment, and volunteer work. BEGIN with your FIRST job in Block A; END with your MOST RECENT or PRESENT job.

| | | | |
|--|---------------------------------|--|---|
| A EMPLOYER/COMPANY NAME | | KIND OF BUSINESS | |
| STREET ADDRESS | | YOUR OFFICIAL JOB TITLE | |
| CITY AND STATE | TELEPHONE NUMBER () - | BEGINNING SALARY | ENDING SALARY |
| DATES OF EMPLOYMENT (Mo/Da/YR) FROM / / TO / / | AVERAGE HRS. WORKED PER WEEK | REASON FOR LEAVING | NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED |
| NAME / TITLE OF YOUR SUPERVISOR | | LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED | |
| NAME / TITLE AND PHONE NO. OF PERSON WHO CAN VERIFY THIS EMPLOYMENT | | | |

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| DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty. | |
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| STREET ADDRESS | | YOUR OFFICIAL JOB TITLE | |
| CITY AND STATE | TELEPHONE NUMBER () - | BEGINNING SALARY | ENDING SALARY |
| DATES OF EMPLOYMENT (Mo/Da/YR) FROM / / TO / / | AVERAGE HRS. WORKED PER WEEK | REASON FOR LEAVING | NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED |
| NAME / TITLE OF YOUR SUPERVISOR | | LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED | |
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| DATES OF EMPLOYMENT (Mo/Da/YR) FROM / / TO / / | AVERAGE HRS. WORKED PER WEEK | REASON FOR LEAVING | NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED |
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| DATES OF EMPLOYMENT (Mo/Da/YR) FROM / / TO / / | AVERAGE HRS. WORKED PER WEEK | REASON FOR LEAVING | NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED |
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